

03-01-02

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. Specification Total Pages [48]
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (*if filed*)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 USC §113) Total Sheets
4. Oath or Declaration Total pages [4]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 complete
 - i. DELETION OF INVENTORS
Signed statement attached deleting inventor(s) named in the prior application,
see 37 CFR §§1.63(d)(2) and 1.33(b).
5. Application Data Sheet. See 37 CFR §1.76

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No. 09/229,943

Group/Art Unit: 1625

Prior application information: Examiner: D. Margaret M. Seaman
For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number <input type="checkbox"/>	(Insert Customer No. here) 27746	
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Name (Print/Type)	David V. Upite <i>David V. Upite</i>	Registration No. (Attorney/Agent)	47, 147
Signature	 <i>David V. Upite</i>		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231

(Revised for P&G use 12/7/01)

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

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APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

Attorney Docket No.	6843MRRC
First Inventor	Benoit Ledoussal
Assignee	The Procter & Gamble Company
Title	Antimicrobial Quinolones, Their Compositions and Uses
Express Mail Label No.	EJ302199110US

102/0586
10/05/2002
22/2002

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Box Patent Application
ADDRESS TO: Assistant Commissioner for Patents
Washington, D.C. 20231

6. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. Paper
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

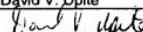
8. Assignment Papers (cover sheet & document(s))
9. 37 CFR 3.73(b) Statement Power of Attorney
(when there is an assignee)
10. English Translation Document (if applicable)
11. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.
16. Other:

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

Continuation Divisional Continuation-in-part (CIP)
Prior application information: Examiner: D. Margaret M. Seaman
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

[X] Customer Number	(Insert Customer No. here)	27746
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Name (Print/Type)	David V. Upite	Registration No. (Attorney/Agent)	47, 147
Signature		Date	February 28, 2002

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(Revised for P&G use 12/7/01)

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 740.00**Complete if Known***Application Number**Confirmation Number**Filing Date**First Named Inventor*

Benoit Ledoussal

Examiner Name

D. Margaret M. Seaman

Group/Art Unit

1625

Attorney Docket No.

6843MRRC

METHOD OF PAYMENT (check one)

- [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

- [X] Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION**BASIC FILING FEE – Large Entity**

Code (\$)	Fee Description	Fee Paid
101 740	Utility filing fee	[x]
106 350	Design filing fee	[]
108 740	Reissue filing fee	[]
114 160	Provisional filing fee	[]

SUBTOTAL (1) (\$) 740.00**EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity**

	Extra Claims	Fee from Below	Fee Paid
Total Claims	[] - 20** =	[x]	[] = []
Independent Claims	[] - 3** =	[] x	[] = []
Multiple Dependent		[]	= []
** or number previously paid, if greater; For Reissues, see below			

Code (\$)	Fee Description
103 18	Claims in excess of 20
102 84	Independent claims in excess of 3
104 280	Multiple dependent claim, if not paid
109 84	**Reissue independent claims over original patent
110 18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$) []

SUBMITTED BY	Complete if applicable		
Name (Print/Type)	David V. Upite	Registration No. (Attorney/Agent)	47,147
Signature	<i>David V. Upite</i>	Telephone	(513) 622-1825

* Reduced by Basic Filing Fee Paid **SUBTOTAL(3) (\$)** []

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-208.

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